



EXPEDITED PROCEDURE
EXAMINING GROUP 1812
PATENT

GAUTVIK 3.0-001 FWC CIP CONT FWC DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Patent Application of
Gautvik et al.

Serial No. 08/340,664

Filed: November 16, 1994

For: PRODUCTION OF HUMAN PARATHYROID
HORMONE FROM MICROORGANISMS

Group Art Unit: 1812

Examiner: L. Spector

Date: July 11, 1997

PL

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GROUP 1812

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Assistant Commissioner For Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in response to a final rejection in the above-identified application.

- ☐ This submission is being filed under 37 C.F.R. §1.116.
- ☐ This is a first submission under 37 C.F.R. §1.129 and does not introduce new matter into the disclosure. Please enter the amendment and withdraw the finality.
- ☒ This is a second submission under 37 C.F.R. §1.129 and does not introduce new matter into the disclosure. A first submission and fee were submitted on November 25, 1996. Please enter the amendment and withdraw the finality.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PAID FOR	NUMBER OF EXTRA CLAIMS	RATE	ADDL. FEE
TOTAL CLAIMS	* 23	MINUS **	21	= 2	x \$ 22	= \$ 44.00
INDEP. CLAIMS	* 10	MINUS ***	8	= 2	x \$ 80	= \$ 160.00
FEE FOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM(S)					\$260	= \$ 0
FEE FOR ENTRY OF SUBMISSION AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.129(a)					\$770	= \$ 770.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT.....					\$	974.00

* If the entry in col. 2 is less than entry in col. 4 write "0" in col. 5.

** If the "highest number previously paid for" in this space is less than 20, write "20" in this space.

*** If the "highest number previously paid for" in this space is less than 3, write "3" in this space.

1. ☐ No additional fee is required.
2. ☒ A check in the amount of \$974.00 is attached.
3. ☐ Charge \$_____ to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed.

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